FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 AM 7:27

DOCUMENT # N41066 (4)

1. Corporation Name

THE POST POLIO SUPPORT GROUP OF PALM BEACH COUNTY, INC.

Principal Place of Business	Mailing Address
855 HAWTHORNE DR LAKE PARK FL 33403 US	855 HAWTHORNE DR LAKE PARK FL 33403 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/29/1990
3a. Date of Last Report: 03/24/1994
4. FEI Number: 65-0230310 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MCDONOUGH, MICHAEL
12798 FOREST HILL BLVD
#201A
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	11 TITLE	VP	☒ Change ☐ Addition
NAME	O'NEAL, MARJORIE	12 NAME	Carolyn DeMasi	
STREET ADDRESS	204 JAMAICA LANE	13 STREET ADDRESS	21577 Guardalajara Ave.	
CITY-ST-ZIP	PALM BEACH FL	14 CITY-ST-ZIP	Boca Raton, FL 33433	
TITLE	S	21 TITLE	S	☒ Change ☐ Addition
NAME	HUDGINS, DARLENE	22 NAME	Ralph Pipitone	
STREET ADDRESS	1136 23RD STREET	23 STREET ADDRESS	3412 Diana Drive	
CITY-ST-ZIP	WEST PALM BEACH FL	24 CITY-ST-ZIP	Boynton Beach, FL 33435	
TITLE	S	31 TITLE	D	☒ Change ☐ Addition
NAME	DOLISLAGER, PHYLLIS	32 NAME	Robert Muier	
STREET ADDRESS	2770 FLORAL RD	33 STREET ADDRESS	5070 Ocean Dr., 2C	
CITY-ST-ZIP	LANTANA FL	34 CITY-ST-ZIP	Singer Island, FL 33404	
TITLE	P	41 TITLE	D	☒ Change ☐ Addition
NAME	CIMINO, JOHN	42 NAME	Joseph Klevickas	
STREET ADDRESS	855 HAWTHORN DRIVE	43 STREET ADDRESS	398 Cindy Drive	
CITY-ST-ZIP	LAKE PARK FL	44 CITY-ST-ZIP	West Palm Beach, FL 33414	
TITLE	VP	51 TITLE	D	☒ Change ☐ Addition
NAME	HARRIS, MAXINE	52 NAME	Roslyn Tunis	
STREET ADDRESS	21693 CHIMNEY ROCK PARK	53 STREET ADDRESS	9125 Flynn Circle #4	
CITY-ST-ZIP	BOCA RATON FL	54 CITY-ST-ZIP	Boca Raton, FL 33496	
TITLE	T	61 TITLE		☐ Change ☐ Addition
NAME	SCHOLINE, LUCY	62 NAME		
STREET ADDRESS	5317 SUNRISE BLVD.	63 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lucy Scholine Lucy Scholine, Treas. 2/21/95 407-496-1235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #